



KENTUCKY BOARD OF HOME INSPECTORS

P.O. Box 1360, Frankfort, Kentucky 40602 or
911 Leawood Drive, Frankfort, Kentucky 40601
(502) 564-3296
<http://bhi.ky.gov>
KBHI-4

APPLICATION FOR CONTINUING EDUCATION COURSE PROVIDER

INSTRUCTIONS

1. Type or print legibly and complete this application in its entirety.
2. This application and all supporting material shall be submitted with **\$500.00**. This fee is nonrefundable and shall be paid by check or money order made payable to the **Kentucky State Treasurer**.
3. Attach additional pages if more space is needed to provide information.
4. Reference and comply with KRS 198B.724 and 815 KAR 6:080.
5. This completed application may be submitted to the Kentucky Board of Home Inspectors by mail to P.O. Box 1360, Frankfort, KY 40602 or by delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.

APPLICANT INFORMATION

Name of Provider			Date
Street Address			
City	State	Zip Code	Telephone
Email Address		Website Address	

OWNERSHIP INFORMATION

(If different than the information listed above)

Name of Provider			
Street Address			
City	State	Zip Code	Telephone
Email Address		Website Address	



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APPLICANT AFFIRMATION

_____ (Initial) I am not in default of any student loans backed by the Kentucky Higher Education Assistance Authority (KHEAA). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Home Inspector license at this time.

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct. That all required documentation is attached. I further authorize the Kentucky Board of Home Inspectors to investigate and confirm the information submitted in this application.

Signature of Applicant

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and direct any person, firm, officer, corporation, association, organization, or institution to release to the Kentucky Board of Home Inspectors, any files, documents, records, or other information pertaining to the named individual or organization requested by the Board or any of their authorized representatives, in connection with processing this application for approval of an organization to provide continuing education courses.

I hereby release the aforementioned persons, firms, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Kentucky Board of Home Inspectors to disclose to the aforementioned organizations, persons, and institutions, any information, which is material to this application, and I hereby specifically release the Board or its representative, from any and all liability in connection with such disclosures.

I also agree to periodic monitoring of our programs at the discretion of the Kentucky Board of Home Inspectors.

I also acknowledge and understand that any information provided in this application that is found to be fraudulent, will be used to deny the application or if registration has been issued, revocation or suspension of the registration.

A photostatic copy of this authorization for release of information has the same force and effect as the original.

Signature of Applicant

Date